

# **INSTRUCTIONS FOR WRITTEN REPORT OF SUSPECTED CHILD ABUSE/NEGLECT (DHR-FCS-1593)**

**Purpose:** This form is used by the public to report suspected child abuse/neglect to DHR.

**PRINT OR TYPE ALL KNOWN INFORMATION.**

## **SECTION I - CHILDREN ALLEGEDLY ABUSED OR NEGLECTED**

Enter identifying information (name, sex, ethnicity, date of birth or approximate age) for each child in the family who is suspected to be abused or neglect. If the report is for more than one (1) child and they are not all members of the same family, a separate report (1593) must be completed. This includes if the children live in separate households or are a separate family within the same household.

Enter the child(ren)'s address and telephone number.

## **SECTION II - OTHER PERSONS LIVING WITH THE CHILDREN**

Enter identifying information (name, date of birth or approximate age, ethnicity, and relationship) for each person living in the home with the child(ren) named in Section I.

## **SECTION III - PERSON(S) ALLEGEDLY RESPONSIBLE FOR ABUSE OR NEGLECT**

Enter identifying information (name, sex, ethnicity, date of birth or approximate age, and relationship to the child(ren) named in Section I) for each person believed to be responsible for the suspected abuse or neglect.

## **SECTION IV - ABUSE OR NEGLECT ALLEGATIONS**

Describe the alleged abuse or neglect; how it affected the child (physical injury; behavior exhibited by the child due to the suspected abuse/neglect); and provide the date(s) the abuse or neglect occurred, if known.

Provide information on how you became aware of the suspected abuse or neglect.

Enter the name, address, telephone number and relationship of anyone who may have knowledge of the abuse or neglect or the child's/family's situation. If the child(ren) received treatment or evaluation by a doctor or hospital due to the abuse or neglect, provide identifying information on the doctor or hospital (if not the reporter).

## **SECTION V - OTHER PERTINENT INFORMATION**

Enter any other information which may be helpful (e.g., prior abuse/neglect; name of child's school; parents' employment or working hours; safety concerns for DHR staff who visit the child/family).

## **SECTION VI - REPORTER (Information is confidential and not released unless required by a court order)**

You are requested to enter your name, address, telephone number and agency or relationship to the children identified in Section I. Indicate whether you made a verbal (telephone or in-person) report to either the local Department of Human Resources or a local law enforcement agency. If a verbal report was made, identify the specific person, agency, and date the report was made. Sign and date the form.



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